

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

ADDRESS (number and street) 222 South Prospect Ave c/o Finance Department Park Ridge IL 60068-4001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00173153 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Frank J Purcell

Signature of Treasurer Frank J Purcell [Electronically Filed] Date 04 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="472415.52"/>	<input type="text" value="472415.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="396165.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="125078.26"/>	<input type="text" value="229953.59"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="521244.11"/>	<input type="text" value="702369.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55400.00"/>	<input type="text" value="236525.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="465844.11"/>	<input type="text" value="465844.11"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69568.96	131334.17
(ii) Unitemized .....	50508.19	93618.31
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	120077.15	224952.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	120077.15	224952.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.11	1.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	125078.26	229953.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	125078.26	229953.59

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	235000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	400.00	525.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	400.00	525.00
29. Other Disbursements .....	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55400.00	236525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55400.00	236525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	120077.15	224952.48
34. Total Contribution Refunds (from Line 28(d)) .....	400.00	525.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	119677.15	224427.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Marsha Gail Alent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 Timber Ln  
 City Dresher State PA Zip Code 19025-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Jefferson University Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 03 / 09 / 2016  
**Transaction ID : 7958F7F6BC5B44F49711**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Katherine Grace Ampolini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 E 60th St Apt 25l  
 City New York State NY Zip Code 10022-1563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 03 / 14 / 2016  
**Transaction ID : 94D6414C39B9422CB222**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. David Andrews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 Horseshoe Curv  
 City Lake Oswego State OR Zip Code 97034-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Outpatient Anesthesia Services Occupation Clinical Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt  
 03 / 28 / 2016  
**Transaction ID : 2339CB11-AC84-4DF4-**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Kay M. Argroves**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 63

City Bostwick State GA Zip Code 30623-0063

FEC ID number of contributing federal political committee. **C**

Name of Employer: KMA Anesthesia Services Occupation: CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 01 / 2016  
**Transaction ID : 054BFB23F9424AE3A63D**

Amount of Each Receipt this Period: 250.00

Memo Item

**B. Craig S. Atkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 4960 Valentia Ct

City Denver State CO Zip Code 80238-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer: Clyde and Colleagues, Inc Occupation: Nurse Anesthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 01 / 2016  
**Transaction ID : 44FE98B85F860764E512**

Amount of Each Receipt this Period: 150.00

Memo Item

**c. Craig S. Atkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 4960 Valentia Ct

City Denver State CO Zip Code 80238-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer: Clyde and Colleagues, Inc Occupation: Nurse Anesthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 01 / 2016  
**Transaction ID : 66FFE3CA82374DA288D0**

Amount of Each Receipt this Period: 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Paul N. Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14311 Harvest Moon Rd  
 City Boyds State MD Zip Code 20841-4353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Wesleyan University Occupation Instructor  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 865.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : B1E27BAB-F88D-4D98-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Paul N. Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14311 Harvest Moon Rd  
 City Boyds State MD Zip Code 20841-4353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Wesleyan University Occupation Instructor  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 865.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : 3033FADC396B461085A5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Uriah M. Bahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 W 7th St Apt 406  
 City Los Angeles State CA Zip Code 90014-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : AF0C750AB75F49E8B19C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1165.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Michele Marie Ballister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2412 Kendall Dr  
 City Charleston State SC Zip Code 29414-6667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical University of South Carolina Occupation Staff CRNA/Clinical Faculty  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 5BA5BE50516241BC8F09**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Beverly Jones Barker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Highland Heights Dr  
 City Goodlettsville State TN Zip Code 37072-3904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : E2B4DF5B2AB64BA3825A**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. David C. Beeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 Calle Del Oro  
 City El Paso State TX Zip Code 79912-7544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Medical Center of El Paso Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 75FF1F3BE2E44F80A58C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Paul T. Beisser III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 930 Westwood Dr  
 City Rexburg State ID Zip Code 83440-3826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madison Memorial Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : D54442A5480C41D48266**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sylvia J. Bernassoli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Lightholder Dr  
 City McMurray State PA Zip Code 15317-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Pittsburgh Phys Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 10 / 2016  
**Transaction ID : 860C09BE6A65449FA151**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Susan P. Bessellieu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1638 Lake Wateree Dr  
 City Florence State SC Zip Code 29501-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mcleod Regional Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : 3DA90366-00CD-4A50-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. James E. Bodoh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Wettaw Ln  
 Apt 111  
 City North Palm Beach State FL Zip Code 33408-5673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aurora Lakeland Medical Center CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 03 / 25 / 2016  
**Transaction ID : F64502B8C9E24C8D8CBC**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Chelsea E. Boekelheide**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 442 Foxtail Dr  
 City West Fargo State ND Zip Code 58078-7964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ESSENTIA HEALTH CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 03 / 2016  
**Transaction ID : CB9038AF8458435995EE**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. James R. Bohrer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7868 Yorkridge Rd  
 City Guilford State IN Zip Code 47022-9216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOOSIER ANESTHESIA CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 03 / 07 / 2016  
**Transaction ID : FD86C48BA2704DB3B2F6**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Heather M. Borbely**

Mailing Address 1205 Alps Rd

City Wayne State NJ Zip Code 07470-3746

FEC ID number of contributing federal political committee. **C**

Name of Employer Ramapo Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : 0B594AFC64CB4AE1950B**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Olga Elizabeth Branson**

Mailing Address 645 2nd Ave Apt 1

City New York State NY Zip Code 10016-4250

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU Langone Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : 3F0F320E-DB24-4123-**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Garry J. Brydges**

Mailing Address 3301 Manor Lake Ln

City Pearland State TX Zip Code 77584-4576

FEC ID number of contributing federal political committee. **C**

Name of Employer MD Anderson Cancer Center Occupation Chief Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
781.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : 5ECD2E26B684CA28E77**

Amount of Each Receipt this Period  
115.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Garry J. Brydges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3301 Manor Lake Ln  
 City Pearlland State TX Zip Code 77584-4576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MD Anderson Cancer Center Occupation Chief Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **781.66**

Date of Receipt **03 / 24 / 2016**  
**Transaction ID : E50A2D83B8A341FCB24E**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Joseph F. Burkard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Half Moon Bnd  
 City Coronado State CA Zip Code 92118-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : 19FEEF241B7E404E873D**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Karen Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Watermint Pl  
 City Conroe State TX Zip Code 77384-4769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest & Bayou Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2016**  
**Transaction ID : 3EE970F4A6644FC091CD**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 98  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Robert C. Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2213 Dogwood Trace Blvd

City Lexington	State KY	Zip Code 40514-2417
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer university of kentucky	Occupation CRNA
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.25

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : 86EA38306C1F4870946F**

Amount of Each Receipt this Period  
30.42

Memo Item

**B. Rodney K. Cannaday**  
Full Name (Last, First, Middle Initial)

Mailing Address 4011 Oak Creek Dr

City Nacogdoches	State TX	Zip Code 75965-6528
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nacogdoches Surgery Center	Occupation CRNA
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 14 / 2016  
**Transaction ID : F87E564E651946EAB8E6**

Amount of Each Receipt this Period  
750.00

Memo Item

**C. Margaret Roseann Cannon-Diehl**  
Full Name (Last, First, Middle Initial)

Mailing Address 163 164th Ave SE

City Hillsboro	State ND	Zip Code 58045-9266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ben Taub Trauma Center	Occupation CRNA
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1550.00

Date of Receipt  
03 / 08 / 2016  
**Transaction ID : 48481C84515A4726B039**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1280.42
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Alison Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21376

City Billings State MT Zip Code 59104-1376

FEC ID number of contributing federal political committee. **C**

Name of Employer Braden Anesthesia Services, PC Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 08 / 2016**

**Transaction ID : F5FE6100190A4F33ADA2**

Amount of Each Receipt this Period **250.00**

Memo Item

**B. T'Anyia Marye Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 2228 Colony Ct

City Dallas State TX Zip Code 75235-3521

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Consultants of Dallas Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt **03 / 10 / 2016**

**Transaction ID : 421F9498F038855B3792**

Amount of Each Receipt this Period **208.33**

Memo Item

**C. Holly A. Chandler**  
Full Name (Last, First, Middle Initial)

Mailing Address 21919 Pierce Cir

City Elkhorn State NE Zip Code 68022-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer NE Orthopaedic Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 13 / 2016**

**Transaction ID : B9A9145762624AF3829B**

Amount of Each Receipt this Period **250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **708.33**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jennifer M. Chastek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1228 N 6th St  
 City Manchester State IA Zip Code 52057-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Anesthesia LC Health Enterprise o  
 Occupation CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : 750B781C-114E-44F3-**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

**B. Danielle Sumer Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Resler Dr Apt 207  
 City El Paso State TX Zip Code 79911-3068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaweah Delta Health Care District  
 Occupation CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : F1EDB0B0-BB33-4CA4-**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Amy L. Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3660 W Tienken Rd  
 City Rochester Hills State MI Zip Code 48306-3766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DETROIT MEDICAL CENTER  
 Occupation STAFF CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2016  
**Transaction ID : DB0B2D30-50BC-4BD1-**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. William M. Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1541 E 473rd Rd  
 City Bolivar State MO Zip Code 65613-8569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U.S. Army Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : FD8A6283-0577-4646-**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**B. Randy D. Cornelius**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4913 Harvest Ct SW  
 City Cedar Rapids State IA Zip Code 52404-7411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regional Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : F2121273C9FC493AB913**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Jean Covilo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8015 NW Timbercrest PI  
 City Kansas City State MO Zip Code 64152-6060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Excel Anesthesia Occupation Owner-Managing Member-CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 433738C6F5FD4F04A770**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>698.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael Rency Cruz**

Mailing Address 759 Hamilton Dr

City Pleasant Hill State CA Zip Code 94523-3554

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2016

**Transaction ID : FB1B78915B464D8A8106**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Andrew Allen Daigle**

Mailing Address 1977 18th Ave

City Rice Lake State WI Zip Code 54868-8514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation marshfeild clinic crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : B1E535A8-AA6B-48AB-**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ronda Lauren Davis**

Mailing Address 454 S Caldwell St

City Brevard State NC Zip Code 28712-3904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation White River Health System CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : F4D92C04-46B0-4722-**

Amount of Each Receipt this Period  
1200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Dustin J. Degman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 531  
 582 Front Street, Gardiner or 9744  
 City Reedsport State OR Zip Code 97467-0531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AllCare Clinical Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **255.00**

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : 1B626AB73D6041B6B079**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Linda M. Delamar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Woolmans Ln  
 City Mount Laurel State NJ Zip Code 08054-2049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Princeton Anesthesia Services Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 03 / 27 / 2016  
**Transaction ID : E3E52D1A-BCF0-4FC9-**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**C. Brenda E. Demint**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13900 Westgate St  
 City Overland Park State KS Zip Code 66221-2896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEMINT ANESTHESIA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : B557C734-2061-4B98-**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Joel Diaz**  
Full Name (Last, First, Middle Initial)

Mailing Address 609 S Grand Ave  
Apt 906

City Los Angeles State CA Zip Code 90017-3847

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Woodland Hills Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : 73112F93-8C38-42A7-**

Amount of Each Receipt this Period  
450.00

Memo Item

**B. Chad M. Driscoll**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 Dawson Cir

City Chesapeake State VA Zip Code 23322-7497

FEC ID number of contributing federal political committee. **C**

Name of Employer SENTARA MEDICAL GROUP Occupation nurse anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 05 / 2016  
**Transaction ID : 50BA260E-FFF1-497D-**

Amount of Each Receipt this Period  
300.00

Memo Item

**c. Mary G. Dudley**  
Full Name (Last, First, Middle Initial)

Mailing Address 607 L Hauser Rd

City Onalaska State WI Zip Code 54650-2054

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED DUDLEY ANESTHESIA SC Occupation NURSE ANESTHETIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 12 / 2016  
**Transaction ID : 4844BE9FDBE7F2773FF0**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Susan E. Duerr-Trebilcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Hendrie Blvd  
 City Royal Oak State MI Zip Code 48067-2414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wayne State University Physician Group Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2016  
**Transaction ID : 0EE9093E4FCB4C3BA93D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Susan M. Duszynski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W237S4667 Big Bend Rd  
 City Waukesha State WI Zip Code 53189-7903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer froedtert hospital Occupation crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 56469A20-2CDB-43AC-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Sherita Kaye Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8005 Shadowberry Pl  
 City Richmond State VA Zip Code 23227-1662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N. American Partners & Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 069C4A0C-BA5D-4339-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. James A. Eiring**  
Full Name (Last, First, Middle Initial)

Mailing Address 4171 Pellary Pl

City Evans State GA Zip Code 30809-4073

FEC ID number of contributing federal political committee. **C**

Name of Employer Eiring Anesthesia Associates Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 03 / 18 / 2016  
**Transaction ID : 097B5F345D474B9789E3**

Amount of Each Receipt this Period  
 1200.00

Memo Item

**B. Ashley E. Fedan**  
Full Name (Last, First, Middle Initial)

Mailing Address 18911 NE 168th St

City Woodinville State WA Zip Code 98072-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 09 / 2016  
**Transaction ID : DCE972D1FC645AFB08D**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Leah Stuart Feyh**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 Becky Anne Dr

City Winterville State NC Zip Code 28590-7928

FEC ID number of contributing federal political committee. **C**

Name of Employer East Carolina University Occupation Clinical Assistant Professor, Nurse An

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 10 / 2016  
**Transaction ID : 682197174D2147A2A627**

Amount of Each Receipt this Period  
 365.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1815.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Megan Patricia Fillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 County Road 14  
 City Bryan State OH Zip Code 43506-9748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Anesthesiologists of Ft Way Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 13 / 2016**  
**Transaction ID : 494FB03413AEE6051A5C**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Nancy J. Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1140 Oak Glen Cir  
 City Fort Worth State TX Zip Code 76114-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Star Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 5D89CAC3-F688-47E5-**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. Dana K. Flatley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6170 S Cantrall Creek Rd  
 City Cantrall State IL Zip Code 62625-8779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer memorial medical center Occupation crna  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 24 / 2016**  
**Transaction ID : B9BBAAB0BD3B4CD8AD2**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>683.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Ruth A. Frederick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 SW Lost River Rd  
 City Stuart State FL Zip Code 34997-6294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fernando Physical Therapy Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 05 / 2016**  
**Transaction ID : DFC1EA31-5BA8-4908-**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Derek D. Freeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2818 Wildoaks Dr  
 City Duncan State OK Zip Code 73533-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : 42BFAECCCB25E7032470**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**c. Joseph F. Gall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 624 Forest Hill Rd Apt B4  
 City Macon State GA Zip Code 31210-4609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Resource Management Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 13 / 2016**  
**Transaction ID : 490FB0D5-029A-4821-**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>633.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Cheryl Lynn Gamble</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2016 <b>Transaction ID : 4D94A285B8A54C5AA69C</b>
Mailing Address 11 E Bellamy Dr Carriage Run		Amount of Each Receipt this Period 83.34
City New Castle	State DE	Zip Code 19720-2979
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer UltraCare Anesthesia Partners, LLC	Occupation Owner/Parter CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) <b>B. Steven J. Gasper</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2016 <b>Transaction ID : E8E80D34-1951-42D4-</b>
Mailing Address 9945 N 64th Ave		Amount of Each Receipt this Period 500.00
City Merrill	State WI	Zip Code 54452-7507
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer ministry healthcare	Occupation nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert J. Gauvin</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2016 <b>Transaction ID : 440B8F38D868BC85D636</b>
Mailing Address 5 Seabreeze Ln		Amount of Each Receipt this Period 208.33
City Mattapoisett	State MA	Zip Code 02739-2616
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Anesthesia Professionals, Inc.	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Audrey D. Ghatas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Pearce Rd  
 PO Box 669  
 City Mount Olive State MS Zip Code 39119-5113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Anesthesia, Inc Occupation CRNA CEO  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1500.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 2651C140-34B0-4D87-**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Amanda Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 E Colter St  
 Unit 380  
 City Phoenix State AZ Zip Code 85016-3386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Medical Group Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : 095677975A204FC1A6EE**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Carole Jeanette Gould**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6695 Shull Rd  
 City Dayton State OH Zip Code 45424-1222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Perimeter Surgical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : F06B721D61B94BC9BA2B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2050.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Scott L. Gradberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W6371 Brunner Sq  
 City Medford State WI Zip Code 54451-8680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aspirus Medford Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : 67D64E9F183140FC96F4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Georgia L. Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 N Palm Dr  
 City Winnabow State NC Zip Code 28479-5668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Health Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : 8BD077FA9622439E9F25**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Blake A. Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11437 Night Wind Ct  
 City Rapid City State SD Zip Code 57703-8539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rapid City Regional Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : D7BC21B516B14E1A95A4**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Regan N. Grissom**  
Full Name (Last, First, Middle Initial)

Mailing Address 3326 Trillium Whorl Ct

City Raleigh State NC Zip Code 27607-5465

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 41A885B59E1ABC2E787**

Amount of Each Receipt this Period 83.33

Memo Item

**B. Carla J. Groff**  
Full Name (Last, First, Middle Initial)

Mailing Address 8109 Linksvie Dr

City McKinney State TX Zip Code 75070-2737

FEC ID number of contributing federal political committee. **C**

Name of Employer haritage anesthesia Occupation crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : 002E2B56-8779-4247-**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Mark J. Haffey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6520 S Jeffrey Ave

City Sioux Falls State SD Zip Code 57108-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer Vanderbilt University Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : A24784CC742F32449ED**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Mark J. Haffey</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2016 <b>Transaction ID : 4E8194B498FDB7186486</b>
Mailing Address 6520 S Jeffrey Ave		Amount of Each Receipt this Period 100.00
City Sioux Falls	State SD	Zip Code 57108-3227
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Vanderbilt University Medical Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Theodoor C. Hancke</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2016 <b>Transaction ID : A70CA8C4-DC03-408E-</b>
Mailing Address 712 Wilford Way		Amount of Each Receipt this Period 350.00
City Heath	State TX	Zip Code 75032-6447
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Northstar Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Gary S. Harbin</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2016 <b>Transaction ID : CDC0488B41814B159566</b>
Mailing Address 2653 Rivermont Cir		Amount of Each Receipt this Period 400.00
City Kingsport	State TN	Zip Code 37660-2396
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer SELF EMPLOYED	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 98  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Sherry M. Harmon**

Mailing Address 4341 Arno Rd

City State Zip Code  
Franklin TN 37064-8008

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Vanderbilt Medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : B38638B1174C4873AE55**

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Adrienne G. Hartgerink**

Mailing Address 5101 Brookstone Way

City State Zip Code  
Suffolk VA 23435-3502

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Old Dominion University Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 3E4C83DC334745DB8966**

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Aimee J. Heide**

Mailing Address 3094 371st St

City State Zip Code  
Sioux Center IA 51250-7511

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Sanford Sheldon Hospital CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : D301CAE964E74F608930**

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Gary B. Hembd**  
Full Name (Last, First, Middle Initial)

Mailing Address 14739 Road E2

City Norton State KS Zip Code 67654-5676

FEC ID number of contributing federal political committee. **C**

Name of Employer Norton County Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 09 / 2016  
Transaction ID : 6CC702DC-FEA4-4B2D-

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Bruce Allen Herr Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Cathedral Ave NW Apt 717

City Washington State DC Zip Code 20016-4934

FEC ID number of contributing federal political committee. **C**

Name of Employer MedStar Surgery Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.00

Date of Receipt  
03 / 08 / 2016  
Transaction ID : 486F84453F068F8D9EBA

Amount of Each Receipt this Period  
89.00

Memo Item

**C. Alison F. Herren**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Thornbrook Ct

City Carrollton State GA Zip Code 30116-8823

FEC ID number of contributing federal political committee. **C**

Name of Employer Tanner Health System Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 14 / 2016  
Transaction ID : AB6CFAE736A64A5CB9CE

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 839.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Linda T. Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1097 Enclave Rd  
 City Chattanooga State TN Zip Code 37415-5631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The University of Tennessee at Chattanooga Occupation CRNA Associate Professor  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **410.00**

Date of Receipt **03 / 07 / 2016**  
**Transaction ID : 49CCB497D55B598E7B30**  
 Amount of Each Receipt this Period **25.00**

**B. John T. Hitchens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Farmshire Ct  
 City Jarrettsville State MD Zip Code 21084-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Watchful Care Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **791.66**

Date of Receipt **03 / 07 / 2016**  
**Transaction ID : 044EF3314C88421DA0AC**  
 Amount of Each Receipt this Period **250.00**

**C. John T. Hitchens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Farmshire Ct  
 City Jarrettsville State MD Zip Code 21084-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Watchful Care Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **791.66**

Date of Receipt **03 / 07 / 2016**  
**Transaction ID : 56C6E5B96C9E4480976B**  
 Amount of Each Receipt this Period **125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. John T. Hitchens**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Farmshire Ct

City Jarrettsville State MD Zip Code 21084-1507

FEC ID number of contributing federal political committee. **C**

Name of Employer Watchful Care Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 791.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2016  
**Transaction ID : 4E469E3C2D3C41936D83**

Amount of Each Receipt this Period  
 208.33

Memo Item

**B. Kristie J. Hoch**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 Main Rd S

City Hampden State ME Zip Code 04444-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Maine Medical Ctr Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2016  
**Transaction ID : 3FC1DBF3667A4F3283E7**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Lori L. Hockenberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 5604 Road 123

City Haviland State OH Zip Code 45851-9745

FEC ID number of contributing federal political committee. **C**

Name of Employer hackenbury anesthesia Occupation crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : E9178533-E0E2-4C63-**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1208.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Benjamin T. Hughes</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016 <b>Transaction ID : 19FE2BD538F841EBB6D6</b>
Mailing Address 120 W Marshall St		Amount of Each Receipt this Period 250.00
City Falls Church	State VA	Zip Code 22046-4012
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Inova Fairfax Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher P. Hulin</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2016 <b>Transaction ID : 4868A653B63F1B26F1C9</b>
Mailing Address 315 Hospital Dr		Amount of Each Receipt this Period 83.33
City Madison	State TN	Zip Code 37115-5030
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Middle TN School of Anesthesia	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. Deborah L. Jackson-Thomas</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2016 <b>Transaction ID : 4324A8E21CF1DA6CD8DB</b>
Mailing Address 7722 Oldhaven St		Amount of Each Receipt this Period 83.33
City Houston	State TX	Zip Code 77074-5323
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer DLJT ANESTHESIA SERVICES, PLLC	Occupation Nurse Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Karl A. Jacobson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1192 Stanley Dr  
 City Newport State WA Zip Code 99156-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 14 / 2016  
**Transaction ID : CCC368EFB0E24323AFE7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Martin B. Jacobsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19235 Bension Dr  
 City Santa Clarita State CA Zip Code 91350-3798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : E011FF5A-6CA7-40EE-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Kathryn Jansky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9283 Kornbrust Dr  
 City Lone Tree State CO Zip Code 80124-5334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Health Cooperative Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1100.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 23F18103A59D47DB92B6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Nancy T. Jeter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3624 Longfellow Trl  
 City Marietta State GA Zip Code 30062-5119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellStar Windy Hill Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : F543576B-6855-4C3E-**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Angela Wilkes James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3452 Beverly Pl  
 City Shreveport State LA Zip Code 71105-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Health Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 15 / 2016**  
**Transaction ID : EC27E11D017A459D9BF5**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Andrew Joseph Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86264 365th St  
 City Olivia State MN Zip Code 56277-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RC Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : FE02BE56060E43AC9D62**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Andrew Joseph Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 86264 365th St

City Olivia State MN Zip Code 56277-2326

FEC ID number of contributing federal political committee. **C**

Name of Employer RC Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 01 / 2016  
Transaction ID : 94B198C065B64F8CA6F2

Amount of Each Receipt this Period 125.00

Memo Item

**B. Linda Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 15834 Broadcreek Dr

City Clear Spring State MD Zip Code 21722-1570

FEC ID number of contributing federal political committee. **C**

Name of Employer wduhe city hospital Occupation crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 15 / 2016  
Transaction ID : DE9298EBC8064E7D8F66

Amount of Each Receipt this Period 200.00

Memo Item

**C. Timothy A. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1702 Southpark Dr

City Dalhart State TX Zip Code 79022-5036

FEC ID number of contributing federal political committee. **C**

Name of Employer Coon Memorial Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt 03 / 01 / 2016  
Transaction ID : B63F13ED45E24B059608

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Timothy A. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1702 Southpark Dr

City Dalhart State TX Zip Code 79022-5036

FEC ID number of contributing federal political committee. **C**

Name of Employer Coon Memorial Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 02 / 2016**

**Transaction ID : 4DB79839D48746396863**

Amount of Each Receipt this Period  
**83.33**

Memo Item

**B. Jacqueline R. Kaiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 7610 Santiago Rd SW

City Albuquerque State NM Zip Code 87105-7237

FEC ID number of contributing federal political committee. **C**

Name of Employer Aanm Occupation Crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : 7EFDE3BFDEDE44A89922**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C. Phyllis B. Kantor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1905 Lee Way

City Milpitas State CA Zip Code 95035-9016

FEC ID number of contributing federal political committee. **C**

Name of Employer United Health Group Occupation Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 10 / 2016**

**Transaction ID : 4878BE448F1873BF7BEF**

Amount of Each Receipt this Period  
**208.33**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>541.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Anne M. Karczewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Wolcott St  
 City Portland State ME Zip Code 04102-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : 55B7486C9C0868D86F1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Karyn Karp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1078 Fryer Creek Dr  
 City Sonoma State CA Zip Code 95476-7574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 630.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 43109A12A270401B4777**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Brian J. Kasson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10296 Gentlewind Dr  
 City Montgomery State OH Zip Code 45242-5813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OFFICE BASED ANESTHESIA SERVICES, LLC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : 1172ACF4952C46A392CF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	960.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Katherine R. Kempffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15104 Iva Ct  
 City Wright City State MO Zip Code 63390-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer mid america anesthesia Occupation nurse anestitist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : B8040997-BEED-44A4-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Francesca C. Kipp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 Caledonia Pl  
 City Sanford State FL Zip Code 32771-6403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 0D6E4A2A-45A2-4AF7-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Candace C. Kirkpatrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6151 Bahia Del Mar Blvd Apt 225  
 City Saint Petersburg State FL Zip Code 33715-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : 9F709B93-B6B8-4FE9-**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Uwe G. Klemm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 Virginia Ave  
 Unit 201  
 City Indianapolis State IN Zip Code 46203-1965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Richard L. Roudebush VAMC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 03 / 2016**  
**Transaction ID : C4E0F765CE204C3C9AF3**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Matthew P. Koedam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1495 Echo Ridge St SW  
 City Rochester State MN Zip Code 55902-2879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Employer Requested Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : AADD761C30524F6BAC46**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Julianna Koob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 26925  
 City Albuquerque State NM Zip Code 87125-6925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Koob Consulting Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 29 / 2016**  
**Transaction ID : DE1640F8661B40BB906D**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Brenda A. Kraft**  
Full Name (Last, First, Middle Initial)

Mailing Address 13675 253rd Ave

City Spirit Lake State IA Zip Code 51360-7156

FEC ID number of contributing federal political committee. **C**

Name of Employer Lakes Regional Health Care Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : 759098E0-0A32-4011-**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. Ellen Kraus-Schaeffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 10323 N Prairie Dr

City Spokane State WA Zip Code 99208-9599

FEC ID number of contributing federal political committee. **C**

Name of Employer Holy Family Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : ACA4F7D30B594105AC05**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Shannon J. Krumm**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 Monroe St

City Pella State IA Zip Code 50219-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer Pella Regional Health Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : 984BB64466FC4EC0B143**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. David D. Kumpel**  
Full Name (Last, First, Middle Initial)

Mailing Address 602 Jackson Ave

City Dyer State IN Zip Code 46311-1449

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Catherine Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 9391FC19-F187-41EC-**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Michelle A. Lapeyrouse**  
Full Name (Last, First, Middle Initial)

Mailing Address 185 OK Ave

City Harahan State LA Zip Code 70123-4727

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 0CA9E8BF-FC63-4AC4-**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Kim M. Larsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2043 N 78th St

City Seattle State WA Zip Code 98103-4907

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : B4C817E7-2E23-4F5D-**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Steven R. Leach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1049 Redfish St  
 City Bayou Vista State TX Zip Code 77563-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Medical Br Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.02

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 478DAF0615240239AD1C**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. David S. Leninger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N7782 Legend Lake Cir  
 City New Lisbon State WI Zip Code 53950-9310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mile Bluff Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : 9CC076B735394E848C71**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hilary Leon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10290 Davis Rd  
 City Wilton State CA Zip Code 95693-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser South Sacramento Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 0882AD1F-2C0D-4494-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	633.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Sarah Marie Lobue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 443 22nd Ave SW  
 City Rochester State MN Zip Code 55902-2478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 14 / 2016**  
**Transaction ID : 733CA392-3330-4E75-**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**B. Danilo N. Lovinaria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3616 Edmund Blvd  
 City Minneapolis State MN Zip Code 55406-2944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vetarans Affairs Health Care System Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 10 / 2016**  
**Transaction ID : 42BE993C4F70C2BA99BD**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Jacob H. MacGregor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17453 SW 47th Ct  
 City Miramar State FL Zip Code 33029-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Womack Army Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 05 / 2016**  
**Transaction ID : 856DA969-A5E4-4963-**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **748.33**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Michael C. MacMillan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12375 Indian Pl  
 City Charlevoix State MI Zip Code 49720-9347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self employed Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2016  
**Transaction ID : FC545232151F446283A7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Lisa Marie Malinowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2208 Potomac River Blvd  
 City Dumfries State VA Zip Code 22026-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary Washington Health Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 85E3130B-2025-42EF-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Kevin J. Maltais**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Hunter Ct  
 City Creedmoor State NC Zip Code 27522-7280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2016  
**Transaction ID : 420B888EE7D493A9B34C**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	633.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Joyce L. Marcelonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Barry Rd  
 Unit 6A  
 City Worcester State MA Zip Code 01609-1286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Vincent Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : BDEB167E-0FA3-45C9-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Virginia Aiken Marken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 E Oak St  
 City Lodi State CA Zip Code 95240-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 781029AD-CA19-442B-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cassandra K. Massey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 County Road 761  
 City Brookland State AR Zip Code 72417-8748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jonesboro Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : 755A854CDA284CD59E7D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Lisa P. Maw**  
Full Name (Last, First, Middle Initial)

Mailing Address 1732 Lydia Ave W

City Roseville State MN Zip Code 55113-1409

FEC ID number of contributing federal political committee. **C**

Name of Employer United Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : 44CC5627F64A43F4BB24**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Lisa P. Maw**  
Full Name (Last, First, Middle Initial)

Mailing Address 1732 Lydia Ave W

City Roseville State MN Zip Code 55113-1409

FEC ID number of contributing federal political committee. **C**

Name of Employer United Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016

**Transaction ID : 1AF1C2C5-B91F-46C7-**

Amount of Each Receipt this Period  
 185.00

Memo Item

**C. Kathy M. Maxwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Sophie Ln

City Hampden State ME Zip Code 04444-1746

FEC ID number of contributing federal political committee. **C**

Name of Employer Nurse Anesthesia of Maine Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : B08E8E9A25D342319A35**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	685.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Tiffany N. Mayland-Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1803 N 50th St  
 City Omaha State NE Zip Code 68104-5006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 78E3FBF489A94896987F**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Charlene M. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1258 N Forestview Ct  
 City Wichita State KS Zip Code 67235-7036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACS Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : FD97B749F69349FDA2D9**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Lisa L. McKenzie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 226  
 City Flat Top State WV Zip Code 25841-0226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charleston Area Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : 05332277-C470-4EBB-**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Tom L. McKibban**  
Full Name (Last, First, Middle Initial)

Mailing Address 3650 N Main St

City El Dorado State KS Zip Code 67042-8474

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid America Anesthesia Professionals Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016  
**Transaction ID : 49B083D858783DF30CF4**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Ramon L. Medina**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Woodbury Ln

City Canton State GA Zip Code 30114-4590

FEC ID number of contributing federal political committee. **C**

Name of Employer MCG Anesthesia Service Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 005AEF81-C92E-4464-**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Connie F. Meiners**  
Full Name (Last, First, Middle Initial)

Mailing Address 1054 Bush Ct SW

City Eyota State MN Zip Code 55934-3106

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : 203A6327-F99C-425F-**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Edgar H. Milam**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Monterey Mills Cv

City Collierville State TN Zip Code 38017-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2016  
Transaction ID : 870A1DE3E22549A7B36A

Amount of Each Receipt this Period 500.00

Memo Item

**B. Allen Troy Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 26162 Michel Rd

City Tremont State IL Zip Code 61568-9207

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Urological Group Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 09 / 2016  
Transaction ID : 0D62632087DB4C07806E

Amount of Each Receipt this Period 400.00

Memo Item

**C. Mindy K. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2014 SW Sage Cir

City Ankeny State IA Zip Code 50023-8210

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 24 / 2016  
Transaction ID : 4962825579A0C62AA2E6

Amount of Each Receipt this Period 83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	983.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Kevin C. Millet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 541 Estate St  
 City La Place State LA Zip Code 70068-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Medical Center Occupation crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : 4E2857D368374579B039**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Jeffrey E. Molter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10335 Pinecrest Rd  
 City Painesville State OH Zip Code 44077-8814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Reserve Anesthesia Associates Occupation CRNA- CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2016  
**Transaction ID : C2698A61C48E4A9A9437**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Jeffrey E. Molter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10335 Pinecrest Rd  
 City Painesville State OH Zip Code 44077-8814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Reserve Anesthesia Associates Occupation CRNA- CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2016  
**Transaction ID : 6A9D63D9D9324A788E11**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Randall D. Moore II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4101 Gaskell Dr  
 City Springfield State IL Zip Code 62711-4020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Passavant Area Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : DB081785FAA34763A3D0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Trevor T. Mueller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Falls Blvd  
 City Springboro State OH Zip Code 45066-8180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TeamHealth Occupation Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : F001FF04-853D-4BE1-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Steven J. Mund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 13th Ave N Apt 214  
 City Fargo State ND Zip Code 58102-2681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanford Health - Fargo Occupation Director of Anesthesia  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 625.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : 4D3AACF9FA3297B5A97C**  
 Amount of Each Receipt this Period 625.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 1125.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jeffrey E. Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Longwood Ln  
 City Columbus State NJ Zip Code 08022-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hamilton Anesthesia Group Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 27 / 2016  
**Transaction ID : B3A9D336DF55402E92A1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Boyd Brent Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 186 Owen Payne Ln  
 City Tazewell State TN Zip Code 37879-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Claiborne Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : F43E4195-1021-43DC-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Michael W. Neft**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Crescent Pl Apt 3K  
 City Pittsburgh State PA Zip Code 15217-3503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pittsburgh Occupation Assistant Professor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 255.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 4AC5B13D390CA0DB6EDF**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **635.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Michael Donald Neumann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13032 Autumn Rdg  
 City State Zip Code  
 Becker MN 55308-8955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Associates CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2016  
**Transaction ID : 82DD84D6-4ECC-4D81-**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Thanhtam Phu Nguyen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Camellia Dr  
 Apt D2  
 City State Zip Code  
 Munster IN 46321-3952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Anthony Medical Center CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2016  
**Transaction ID : E0B5DA29-7A15-44A9-**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**C. Krista D. Niedermeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Sussex Dr  
 City State Zip Code  
 Vestavia AL 35226-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Children's Hospital CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : ABB9E0195E3A49C89B2A**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Sharon G. Niemann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2641 S 218th St W  
 City Goddard State KS Zip Code 67052-9275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Newman University Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 05 / 2016**  
**Transaction ID : 424DA9B9BE4D2072CAC8**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Cheryl L. Nimmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Aberdeen Rd  
 City Riverside State RI Zip Code 02915-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer university of new england Occupation assistant program director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.02**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : 40818DCB8C6DB9974296**  
 Amount of Each Receipt this Period **83.34**  
 Memo Item

**c. Cheryl L. Nimmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Aberdeen Rd  
 City Riverside State RI Zip Code 02915-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer university of new england Occupation assistant program director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.02**

Date of Receipt **03 / 17 / 2016**  
**Transaction ID : 00765C8BE41E4DD8AF70**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>433.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Ivelca Nintzel**  
Full Name (Last, First, Middle Initial)

Mailing Address 7230 Mariners Landing Dr

City Fayetteville State NC Zip Code 28306-7478

FEC ID number of contributing federal political committee. **C**

Name of Employer Fayetteville Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 02 / 2016  
**Transaction ID : BE0CAB72-59DE-468A-**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. Karen M. Nye**  
Full Name (Last, First, Middle Initial)

Mailing Address 6902 Hunting Hollow Ln E

City Hudson State OH Zip Code 44236-2275

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastside Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 06 / 2016  
**Transaction ID : 230C2C77070E4497AB7E**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Fred E. Oestman**  
Full Name (Last, First, Middle Initial)

Mailing Address 171 Cornish Hill Rd

City Cooperstown State NY Zip Code 13326-5116

FEC ID number of contributing federal political committee. **C**

Name of Employer Bassett Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 03 / 14 / 2016  
**Transaction ID : AEF5266964D4488B9C91**

Amount of Each Receipt this Period  
 400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Bethany Corinne Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 Sea Oaks Blvd  
 City Long Beach State MS Zip Code 39560-5841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grand Strand Regional Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 249.99

Date of Receipt 03 / 13 / 2016  
**Transaction ID : 439FB9E7ED7BAB661C24**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Ruth Mae Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1228 Westloop Pl  
 City Manhattan State KS Zip Code 66502-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SelfEmployed Occupation crna  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 350.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : FA1A6907-5A7F-4525-**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Patricia A. Parolari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Wake Forest St  
 City Virginia Beach State VA Zip Code 23451-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : FB2B08FFE8BC403EB9DF**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.33  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Richard A. Paulsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11008 Birchhaven Ave  
 City Bakersfield State CA Zip Code 93312-2886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 0BE2BD4A-F1F7-4ECD-**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Sharon P. Pearce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1366 Becks Nursery Rd  
 City Lexington State NC Zip Code 27292-7099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : 6C72DFFAB4CC49D68145**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Susan M. Perry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8318 Golden Prairie Dr  
 City Tampa State FL Zip Code 33647-3241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USF Health Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2016  
**Transaction ID : 89C7B71B-3B73-421D-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Gregory N. Petrochko**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 Annetta St

City Vestal State NY Zip Code 13850-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer United Health Services Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 8F4BB373-C5DD-4698-**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Marilyn Piemontese**  
Full Name (Last, First, Middle Initial)

Mailing Address 4711 Disston St

City Philadelphia State PA Zip Code 19135-1901

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Mcare Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 101B762E-8513-47B7-**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Karen L. Plaus**  
Full Name (Last, First, Middle Initial)

Mailing Address 8725 W Higgins Rd Ste 525

City Chicago State IL Zip Code 60631-2713

FEC ID number of contributing federal political committee. **C**

Name of Employer Beaumont Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 88636A715B7247BB899B**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Philip J. Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 S Parkway  
 City Columbus State NE Zip Code 68601-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: McLauren Rgional Medical Center Occupation: CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 350.00

Date of Receipt: 03 / 11 / 2016  
**Transaction ID : 904B5599-040B-4C1E-**  
 Amount of Each Receipt this Period: 350.00  
 Memo Item

**B. John C. Preston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 554 W Rosiland Dr  
 City Palatine State IL Zip Code 60074-1093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: AANA Occupation: Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt: 03 / 24 / 2016  
**Transaction ID : 66C175C60F0C46B8960D**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**C. Kelli A. Pryor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6116 Persimmons Ct  
 City Parkville State MO Zip Code 64152-3140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Truman Medical Center East Occupation: CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 875.00

Date of Receipt: 03 / 07 / 2016  
**Transaction ID : 0248C36B0679470A902F**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Kelli A. Pryor**  
Full Name (Last, First, Middle Initial)

Mailing Address 6116 Persimmons Ct

City Parkville State MO Zip Code 64152-3140

FEC ID number of contributing federal political committee. **C**

Name of Employer Truman Medical Center East Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **03 / 07 / 2016**

**Transaction ID : 0E82518D703742B29102**

Amount of Each Receipt this Period **625.00**

Memo Item

**B. Karen S. Purcell**  
Full Name (Last, First, Middle Initial)

Mailing Address 21029 NE 42nd St

City Sammamish State WA Zip Code 98074-9315

FEC ID number of contributing federal political committee. **C**

Name of Employer Group Health Cooperative Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 15 / 2016**

**Transaction ID : 4168840D0895528C0DEE**

Amount of Each Receipt this Period **83.34**

Memo Item

**c. John Douglas Ramey**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 E Pradera Ct

City Fort Worth State TX Zip Code 76108-9595

FEC ID number of contributing federal political committee. **C**

Name of Employer Ramey Anesthesia Services PLLC Occupation CRNA owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.99**

Date of Receipt **03 / 31 / 2016**

**Transaction ID : 435DB4449BF2D4514B3A**

Amount of Each Receipt this Period **83.33**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **791.67**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Heather J. Rankin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2515 Oakleaf Cir  
 City Helena State AL Zip Code 35022-7240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's of Alabama Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **575.00**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : FED69B37-A364-4996-**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item

**B. Lynn J. Reede**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 787 Graceland Ave Unit 508  
 City Des Plaines State IL Zip Code 60016-8631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aultman Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.02**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : 5A502455EBF04A4E9AE3**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**c. Lynn J. Reede**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 787 Graceland Ave Unit 508  
 City Des Plaines State IL Zip Code 60016-8631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aultman Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.02**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : 43ADAB7687AD232B5264**  
 Amount of Each Receipt this Period **83.34**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>533.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jonathan Dru Riddle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 Silver Canyon Dr  
 City Fort Worth State TX Zip Code 76108-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Christian University Occupation Assistant Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **03 / 21 / 2016**  
**Transaction ID : 55C7345A0A074938B452**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Daniel M. Rinaldi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 433  
 City Arlington Heights State IL Zip Code 60006-0433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 23 / 2016**  
**Transaction ID : 2F721E06-3916-4E90-**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dennis J. Rivard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2884 Portage Trail Dr  
 City Rochester Hills State MI Zip Code 48309-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : E1A244017678451FAC2E**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 98  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jill M. Rivard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Cohasset Ln  
 City State Zip Code  
 Cherry Hill NJ 08003-1964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lourdess Health System CRNA  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2016  
**Transaction ID : D6D470C94EEA43118F90**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Nan Harman Robillard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10030  
 City State Zip Code  
 Danville VA 24543-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 piedmont ent speci crna  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2016  
**Transaction ID : 3A04BD1F-B470-4D2B-**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Stephanie Y. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 962 8th St  
 City State Zip Code  
 Astoria OR 97103-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Columbia Memorial Hospital CRNA  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 253BB9FD-6D47-4856-**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Onofrio Rocco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Bayside Ave  
 City Breezy Point State NY Zip Code 11697-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 03 / 2016  
**Transaction ID : 133FD755CE094009935D**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Edward A. Roden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Deerwood Dr  
 City Bethlehem State CT Zip Code 06751-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte-Hungerford Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : ABE82D56D9234CDC8FDD**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Caleb A. Rogovin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 Arch St Unit 1108  
 City Philadelphia State PA Zip Code 19103-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Temple Unicersity Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 07 / 2016  
**Transaction ID : F8C369C578424E1B83EF**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Scott J. Rotar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8341 Doolittle Rd  
 City Minocqua State WI Zip Code 54548-9106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwoods Vital Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 86DFF561-868A-4419-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Michael J. Ruebusch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3272 Anniston Dr  
 City Cincinnati State OH Zip Code 45248-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hoosier Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 416.68

Date of Receipt 03 / 19 / 2016  
**Transaction ID : 00EB15B463C648C5BF76**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Christine A. Salvator**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6701 N Bosworth Ave Unit B2  
 City Chicago State IL Zip Code 60626-5284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ingalls Memorial Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : 1AD9D795A3AB4A838CDC**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Kay K. Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9994 Boat Club Rd  
 City Fort Worth State TX Zip Code 76179-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TCU Occupation PROGRAM DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : 9487C263DC524CA19DAD**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Trent M. Sassman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3635 Alabama St  
 City San Diego State CA Zip Code 92104-4005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Naval Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : B6395AB26DC4437EB070**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Alexandra Darlene Schatz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 Calibre Woods Dr NE  
 City Atlanta State GA Zip Code 30329-3948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Sutton Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 2328C2E3-0175-483A-**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Alvin H. Schmitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 246  
 City State Zip Code  
 Gregory SD 57533-0246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rural Anesthesia Services, P.C. CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 29139B88A032498CBDC9**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Laurel Marie Schooler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3530 Los Pinos Dr  
 City State Zip Code  
 Santa Barbara CA 93105-2634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self employed crna  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : F3144692-B365-4D34-**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Robin W. Seale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 585  
 City State Zip Code  
 Pontotoc MS 38863-0585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nurse Anesthesia Providers, Inc. Certified Registered Nurse Anesthetist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2016  
**Transaction ID : B0EA26C7-2818-43D5-**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1183.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Hannah Secunda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5332 Timber Ridge Rd  
 City Marietta State GA Zip Code 30068-1540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Student Occupation NA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 706AB6531BBE462389AE**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Janet L. Setnor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7766 Camp David Dr  
 City Springfield State VA Zip Code 22153-2370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin-Weston Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 28 / 2016**  
**Transaction ID : 4CD9B92561CC55E416A0**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item

**C. Scott K. Shaffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10940 County Road 240  
 City Salida State CO Zip Code 81201-9222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self/Monarch Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **624.99**

Date of Receipt **03 / 23 / 2016**  
**Transaction ID : 4BF59A6BCAE3A227BDBF**  
 Amount of Each Receipt this Period **208.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>658.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Adam L. Sheppard**  
Full Name (Last, First, Middle Initial)

Mailing Address 13127 SW 41st St

City Yukon State OK Zip Code 73099-0702

FEC ID number of contributing federal political committee. **C**

Name of Employer SHEPPARD ANESTHESIA APRN-CRNA PLLC Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2016  
**Transaction ID : 51CB74EB-97F6-4BD0-**

Amount of Each Receipt this Period  
 365.00

Memo Item

**B. Bobby C. Siler**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Bayou Perez Dr

City Madisonville State LA Zip Code 70447-9799

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin Anesthesia Group Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : 1152C192-D67E-4600-**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. Robert S. Silvers II**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 308  
947 Highway 9 South

City Mill Spring State NC Zip Code 28756-0308

FEC ID number of contributing federal political committee. **C**

Name of Employer UNC Healthcare Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 8B44E64F-C4B1-4F85-**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jeffrey D. Sliper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1081 Timber Dr  
 City Detroit Lakes State MN Zip Code 56501-4730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer assesion health Occupation crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : A3CDC1E2-B0ED-4A57-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Daniel E. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16604 N Day Mt Spokane Rd  
 City Mead State WA Zip Code 99021-8764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : 2D647795-4375-41C8-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Kandi T. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 E Pradera Ct  
 City Fort Worth State TX Zip Code 76108-9595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Star Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 03 / 15 / 2016  
**Transaction ID : 47CD9EB4027623CF91A7**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	683.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Sarah Elizabeth Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2112 Longfellow Ln  
 City Flower Mound State TX Zip Code 75028-3742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Star Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : 6021530D-D5EE-432C-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Joel P. Solomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 690 Beckley Farm Way  
 City Springboro State OH Zip Code 45066-9484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Middletown Anesthesia Consultants Occupation Staff Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 365.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : BAD8FD2F-584D-4CEF-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Varnar D. Spencer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Breckenridge Dr  
 City Garner State NC Zip Code 27529-7524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer supreme anesthesia care services Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 15 / 2016  
**Transaction ID : 92D5258B-9BA8-4CFC-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **915.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Donna Mae St Pierre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 Boysenberry Ct  
 City Suffield State CT Zip Code 06078-2178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 10 / 2016**  
**Transaction ID : F48EE16F-5D75-4DE7-**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Jenna R. Steege**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6266 Fairway Dr NW  
 City Rochester State MN Zip Code 55901-5929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.66**

Date of Receipt **03 / 28 / 2016**  
**Transaction ID : 423FBA808CB3D8489B2E**  
 Amount of Each Receipt this Period **20.83**  
 Memo Item

**C. Michael M. Steele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 909  
 City Shiprock State NM Zip Code 87420-0909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska Native Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : 24A2D2DB-E287-4388-**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>620.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Gwen Elizabeth Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 2039 Kimberwicke Cir

City Oviedo State FL Zip Code 32765-7577

FEC ID number of contributing federal political committee. **C**

Name of Employer Parrish Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : 2F810E12-9CA1-413D-**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. Tresa M. Stevens**  
Full Name (Last, First, Middle Initial)

Mailing Address 62 Green Ridge Dr

City Buxton State ME Zip Code 04093-3215

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2016  
**Transaction ID : 68B40E109412445F8E31**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Sherry E. Swearngin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1698 E Seaport Ct

City Boise State ID Zip Code 83706-6333

FEC ID number of contributing federal political committee. **C**

Name of Employer VA Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 5AACE13EE4D94903A31B**

Amount of Each Receipt this Period  
 125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Sherry E. Sweargin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1698 E Seaport Ct  
 City Boise State ID Zip Code 83706-6333  
 Occupation CRNA  
 Name of Employer VA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 3F05DA60604F413FA281**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Andrew D. Teich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 W 79th St Apt 4F  
 City New York State NY Zip Code 10024-6428  
 Occupation CRNA  
 Name of Employer Mount Sinai Hospital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 8ECD9784-A4C6-4715-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Andrea J. Teitel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4861 Arrowhead  
 City West Bloomfield State MI Zip Code 48323-2308  
 Occupation CRNA  
 Name of Employer University of Detroit Mercy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : F3D2F1B8D74F4715A657**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Keith L. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 W 42nd St  
 City Minneapolis State MN Zip Code 55409-1563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : D81AEEF1-7C86-4B91-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Karen L. Trask**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 Whiting St  
 City Hingham State MA Zip Code 02043-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SSAAI Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 249.99

Date of Receipt 03 / 20 / 2016  
**Transaction ID : 41F0BFCF5C9209BC22F0**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Rebecca P. Van Leeuwen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 Brazos Trl  
 City Plano State TX Zip Code 75075-6779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Anesthesia Consultants Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : 5E085C1E-6D97-4A62-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	633.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jared J. Vandebroek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Rocks Edge Rd  
 City Bethlehem State NH Zip Code 03574-4719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Littleton Regional Healthcare Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 4E32A961FA34541B00E6**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Sarah Christine Voogd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Boulder Rd SE  
 City Rochester State MN Zip Code 55904-7001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic College of Medicine Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : 4DFC773BB7DF4CA68A82**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Robert Phillip Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12566 Tall Pine Dr  
 City Sainte Genevieve State MO Zip Code 63670-8617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Genevieve County Memorial Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2016**  
**Transaction ID : 4932BEDB627A23733729**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>383.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Nan L. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Elan Ln  
 City Chesterbrook State PA Zip Code 19087-5714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Chester Anesthesia, P.C. Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : A9865F25-FD31-477C-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Rebecca J. Weeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47278 Lincoln Trl  
 City Renner State SD Zip Code 57055-6401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer sanford usd medical center Occupation crna  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 67325F14-8582-45FE-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bruce A. Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9901 Emerald Links Dr  
 City Tampa State FL Zip Code 33626-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Carrollwood Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 6C35AAF84AF549DD86B8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Kathryn W. White**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Harriet Ave

City Shoreview State MN Zip Code 55126-3918

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Minnesota Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : 4E378DB5A651E2527967**

Amount of Each Receipt this Period  
 30.41

Memo Item

**B. Lorraine E. White**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Sea Gull Rd

City Emerald Isle State NC Zip Code 28594-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinaeast health system Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016  
**Transaction ID : BD87F58B026B44A1AD98**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Wayne F. Wilbur**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Phenix Ave

City Cranston State RI Zip Code 02921-1259

FEC ID number of contributing federal political committee. **C**

Name of Employer Nantucket Cottage Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2016  
**Transaction ID : 04952DF1282644FABE59**

Amount of Each Receipt this Period  
 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 580.41

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Judith C. Wiley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 187 S York St  
 Unit E  
 City Elmhurst State IL Zip Code 60126-3460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush University Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : CFFC5AF0-5FBE-40D7-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Wanda O. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Meacham Ave  
 City Park Ridge State IL Zip Code 60068-3335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Association of Nurse Anesthet Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2016  
**Transaction ID : B1E3FE85FF1942B0BF73**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Victoria Lynne Winterhalter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10566 Swanson Ct  
 City Cincinnati State OH Zip Code 45249-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016  
**Transaction ID : 93A0E6190AF5400D82BC**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Andrea A. Winters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2552 N Fox Run Ct  
 City State Zip Code  
 Wichita KS 67226-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Consulting Services, PA CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : 9E262E9930854C5EB6A8**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Arthur B. Wolover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 Frie Ln  
 City State Zip Code  
 Jonesboro AR 72401-8903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016  
**Transaction ID : 33C06C13E63E45AFBDB3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Amy Renee Wood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 627 5th Ave S  
 City State Zip Code  
 Glasgow MT 59230-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FMDH CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016  
**Transaction ID : E41E62372A964EC3B7E3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Angela M. Woodcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 Utah Ave  
 City Nashville State TN Zip Code 37209-4710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbuilt Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 600.00

Date of Receipt 03 / 10 / 2016  
**Transaction ID : DE2E656E-46D0-4D56-**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Bradley J. Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1122  
 164 E 500 N  
 City Monticello State UT Zip Code 84535-1122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Red Rock Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 10 / 2016  
**Transaction ID : 15772447-9B76-40FC-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. John M. Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12376 Cabin Spring Ln  
 City Lovettsville State VA Zip Code 20180-2424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : BA635A75-AC43-46A4-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Pauline Zelaya**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8009 Macnish Dr NE  
 City Albuquerque State NM Zip Code 87109-6475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANesthesia Assoc. of NM Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : 4790876ACB4EEE542FB4**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Julie C. Zerwas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12778 183rd Ct NW  
 City Elk River State MN Zip Code 55330-1799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central MN Anesthesia Providers Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 03 / 2016**  
**Transaction ID : 7AFA4140C9ED4327BFE1**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**c. Julie C. Zerwas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12778 183rd Ct NW  
 City Elk River State MN Zip Code 55330-1799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central MN Anesthesia Providers Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : 0BB88D73D9A7428C93A2**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>69568.96</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 98  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

**A. Jeff Miller for Congress**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 126  
City Pensacola State FL Zip Code 32591  
FEC ID number of contributing federal political committee. **C** C00366757  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016  
**Transaction ID : 5C9A5D41B3A2C1A3779**  
Amount of Each Receipt this Period  
5000.00  
 Memo Item  
Refund of contribution 09-10-2015, 2016 General

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. A Whole Lot of People for Grijalva Congressional Committee**

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Raul Manuel Grijalva**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9854236F90391B38F3D**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Michael F. Bennet**

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : FD31C0E418381DC787D**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name

**Michael F. Bennet**

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6BC5151A5DCF42595C9**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Blue Dog Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 811B5F40DFB01833BEB**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Connecticut**

Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
2016 General

011

Candidate Name

**Richard Blumenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: CT District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

**Transaction ID : C20E73E7E9438022ACB**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bonamici for Congress**

Mailing Address PO Box 1632

City Beaverton State OR Zip Code 97075

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Suzanne Marie Bonamici**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: OR District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : FBA848678C1A5A34F3C**

Amount of Each Disbursement this Period

1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Boozman for Arkansas**

Mailing Address PO Box 671

City State Zip Code  
Rogers AR 72757

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**John Nichols Boozman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 7851145D021BCA9D35F**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Castor for Congress**

Mailing Address 301 W Platt Street, #385

City State Zip Code  
Tampa FL 33606

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Katherine Anne Castor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

**Transaction ID : 486C50FC49241714966**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Cochran**

Mailing Address PO Box 7183

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name

**William Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : B1779383652285C02DA**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. CMR Political Action Committee**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**CMR Political Action Committee**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

**Transaction ID : 8BEC1E765BA01F934F8**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Courtney for Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
2016 Convention

011

Category/  
Type

Candidate Name

**Joseph D. Courtney**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 4DD4FF2261EE5B2FECA**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Denali Leadership PAC**

Mailing Address 2755 Iliamna

City Anchorage State AK Zip Code 99517

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**Denali Leadership PAC**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 0CF46B27726877E89B9**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Emmer for Congress**

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Earl Emmer Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

**Transaction ID : 748268B24B41730C1EC**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dan Kildee**

Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Daniel Timothy Kildee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 1F0BED2802056180797**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Roy Dean Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : BEB85FFBAB655A5C2E8**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Gallego for Arizona**

Mailing Address PO Box 1710

City Phoenix State AZ Zip Code 85001

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ruben M. Gallego**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 35E64EEECF92C7191AC**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman for Congress 2014**

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Jared William Huffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

**Transaction ID : 16BADF52AF648864041**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kuster for Congress, Inc**

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Ann McLane Kuster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : BA3F31936493C273DD4**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Langevin for Congress**

Mailing Address 181A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
2016 General

011

Candidate Name

**James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

**Transaction ID : BFCECDE1AB28BEE97CB**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Leadership for Today and Tomorrow**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Leadership for Today and Tomorrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : CD08617296E856E610B**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LoBiondo for Congress**

Mailing Address PO Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank A. LoBiondo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : E9B2AEDB8A10F141E4B**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Loeb sack for Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
2016 General

011

Candidate Name

**David Wayne Loeb sack**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	6

**Transaction ID : BF568B53CA9D729D608**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mc Nerney for Congress**

Mailing Address PO Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gerald Mc Nerney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	6

**Transaction ID : 2BEDCEA1D39207546C2**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	6

**Transaction ID : 0AD45D867F03BA6A0CA**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Patricia Lynn Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 1BD06DB0F33AEC3E887**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Patricia Lynn Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : E9B6872C8CC6E219321**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pingree for Congress**

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rochelle Marie Pingree**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 0A857407BA308E062B8**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Republican Majority Fund**

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Republican Majority Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : 910AE6EF76F07A69B2A**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Paul Davis Ryan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

**Transaction ID : 4C4E8394B3094A7F1E3**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sires for Congress**

Mailing Address 6050 Blvd. East  
Apt. 6B

City West New York State NJ Zip Code 07093

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Albio Sires**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

**Transaction ID : 70D9DBEDA712A8CBFE4**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

### A. Stabenow for US Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Deborah Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : E55B54FFB388944E9F5

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Tammy for Illinois

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**L. Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : 7A944F8A635D411404A

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Tim Walz for US Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Timothy J. Walz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : DCEACA7767C1311B57C

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. True North PAC**

Mailing Address 228 S Washington Street Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**True North PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

**Transaction ID : 352DE74F823575EAB3F**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Washington State Democratic Central Committee**

Mailing Address PO Box 4027

City Seattle State WA Zip Code 98194

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**Washington State Democratic Central Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

**Transaction ID : DEC0881A8EA6001A24F**

Amount of Each Disbursement this Period

500.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

55000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Kevin C. Millet**

Mailing Address 541 Estate St

City La Place State LA Zip Code 70068-4026

Purpose of Disbursement Refund of Contribution 03-03-3016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

**Transaction ID : 49713AE0FEE5247D91E**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kathryn W. White**

Mailing Address 440 Harriet Ave

City Shoreview State MN Zip Code 55126-3918

Purpose of Disbursement Refund of 2/27/16 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

**Transaction ID : FDC2F4B15FCD5351EAB**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

350.00

350.00